South Carolina Retirement Systems

SCRS/PORS/ORP
Enrollment

Customer Training Module

Disclaimer

THE LANGUAGE USED IN THIS PRESENTATION DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS PRESENTATION.

This presentation is meant to serve as a guide but does not constitute a binding representation of the South Carolina Retirement Systems. The statutes governing the South Carolina Retirement Systems are found in Title 9 of the South Carolina Code of Laws, and should there be any conflict between this presentation and the statutes or Retirement Systems' policies, the statutes and policies will prevail.

Employers covered by the South Carolina Retirement Systems are not agents of the Retirement Systems.

Duplication of this presentation, either in part or in whole, is forbidden without the express written permission of the South Carolina Retirement Systems.

SCRS Enrollment

South Carolina Retirement System (SCRS) Membership

- All employees of covered entities, except those specifically exempted by statute, shall become members of the system as a condition of their employment; Section: 9-1-480
- Membership is mandatory for all full-time and part-time employees filling a permanent position; Section: 9-1-480
- If a member chooses non-membership, they may join SCRS, <u>not</u> the State Optional Retirement Program (State ORP), at any time; Section: 9-1-480
- If an employee has funds on deposit in South Carolina Retirement System (SCRS) they may not elect non-membership; Section: 9-1-510 through 9-1-580
- If a person does not have funds in an SCRS account, but has funds on account in PORS, GARS, JSRS, NGRS or State ORP, that person may elect to opt out of SCRS membership under S.C. Code Ann. Sections 9-1-510 through 9-1-580
- If the employee declines membership and is later hired in a position requiring membership, the employee must then become a member; Section: 9-1-480
- If an employee has an account in SCRS or the State Optional Retirement Program (State ORP) they have the option to enroll in the system of their choice, if the new employer is a State ORP eligible employer; Section: 9-1-480, unless it is concurrent employment
- If an employee obtains a concurrent position and is a member of SCRS, the employee must elect SCRS for the second position, if the second position is eligible for SCRS; 9-20-40 (A)
- Notwithstanding any other provision of law, a contributing member of the SCRS System shall remain a contributing member while under employment to an employer covered by the SCRS System; Section 9-1-425

Ineligible for Retirement Membership

- Independent contractors
- Students

SCRS Membership

Employees must complete Form 1100
 (Retirement Plan Enrollment). Form 1100
 should be submitted within 30 days of the
 employee's hire date.

 Employees must complete and sign Form 1102 (Active Member Beneficiary) or Form 1103 (Beneficiary/Trustee Designation) and Form 1113 (Certification of Trust).

Form 1100 Retirement Plan Enrollment Form

| Form 1100 Revised 06/06/200 | 05 RI | ETIREME | NT PLA | N EN | ROLL | MENT | ⊠ ı | | | | - | Check One): embership) | |
|---|---|---|---|--|---|--|---|---|---|--|---|--|--|
| Page 1 | | State Bu | idaet ar | ad Con | trol Bo | ard | ☐ OPEN ENROLLMENT (Irrevocable election from State ORP) | | | | | | |
| | | South Car | | | | | | CHANG | E OF EMP | LOYER | (Tran | isfer)/DUAL EMPL | OYMENT |
| Print or type in bis | | | ention: I | | | | 🗆 - | CHANG | E OF INFO | RMATK | ON | | |
| and sign in blue in | k. p | Box 11960 | | | | 1_1960 | ı | □ Na | ame (Prior | Name): | | | |
| Please read the | | DOX 11300 | , colum | Dia, S | C 232 I | 1-1500 | ı | - 2 | ATTACH LEGA | AL DOCUM | ENT IN | NDICATING NAME CHAP | NGE) |
| instructions on pag before completing | | | | | | | ı | | idress SN (Old Nu | mbari: | | | |
| form. | unis | | | | | | ı | | ate of Birth | | | | |
| SECTION I: | EMPL C | YEE INE | ORMAT | ION (| TO BE | COMP | FI | ED E | RY THE | EMP | 10 | YFF) | |
| 1. Last Name & Su | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | dle Name | | | | | | curity Number (A | TTACH A |
| DOE | | | | 34 | OHN | | | | | COPY | OF Y0 | OUR SOCIAL SECURITY | r CARD.) |
| 4. Address | | | | | 5. City | | | | | 6. Sta | ite | 7. ZIP+4 | |
| 1 MAIN | N STREE | T | | - 1 | _ | | | | | | | 29229 | |
| | | | | | COLUME | | | | | sc | | | |
| 8. Sex 9. Date of | Birth | 10. Telephone | Number | 11. Hi | ave you er | ver been a South Carol | Ina l | | em 11 ls "Y xlover: | es", India | cate t | the name(s) of you | r former |
| M 03-03 | 1007 | 803-123 | 4567 | | ement Sys | | | cing | Jioyei. | | | | |
| M-Male F-Female | -1967 | 803-123 | -4567 | | ⊠ No | ☐ Yes | - 1 | Did yo | u withdraw | your cor | ntribu | itions? No | ☐ Yes |
| 13. Do you currently | have a per | iding refund rec | quest? | | | | | | led to rece | lve a mo | nthly | benefit from any o | of the |
| ⊠ No | y □ Yes | 5 | | Retir | ement Sy | stems' retire | ment | pians? | ⊠ No | ☐ Yes | | Application in Pr | nocess |
| 15. Retirement Plan | Election: 5 | Iscrs Dr | PORS (Se | e Instruct | lons) | | | | 16. Selec | ct ORP V | /endo | or | |
| (CHOOSE ONE | | State ORP (If | | | | Item 16.) | | | DAIG | | | itiStreet 🗆 TIA | A-CREF |
| | | GARS - Sena | ator (100.01 |) 🗆 s | SARS - Re | presentativ | e (10 | 0.02) | LAG | valle | ш | mistreet LITA | A-CREF |
| | | JSRS - Judge | e (001.00) | | ISRS - Sol | lettor (002.0 | 00) | | | | ⊐ Th | e Hartford | |
| 17. An employee I commission, and it defined benefit pla within 30 calendar If I do not make a ORP assume all ir one-time irrevocat anniversary of the I understand that receives from me | nstitution) an, SCRS, r days afte an election nvestment ble election initial enro t, unless a | or the options or the options r entry into se within the re- risk. The elect to join SCR: ollment in Stat designated b | er the Sou al defined ervice (dat quired tim ction to pa S during a te ORP. eneficiary | th Carol contribu e of hire e, I will b rticipate ny open is on file | ina Retire ition plan). be consid in State enrollme | ement Sys , State OR lered to ha ORP is im- ent period a | tem (P. Ti we el evoca after | (SCRS) he elected rable, ex the first |), may ele tion to pa membersh cept a St t annual a | ect to pa rticipate nip in SC ate ORi annivers | rticip in S CRS. P par ary. | sate in either the state ORP must be . Participants in rticipant may ma but before the fif | traditional be made the State ike a fth annual |
| My signature bel access to informat indicated in block | ow indicate | es that my en sary to make | nployer ha | s explai | | | | | | | | | |
| THE LANGUAGE NOT CREATE A C CAROLINA RETI | THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT. | | | | | | | | | | | | |
| Employee's Signatur | re | | | | | Date _ | | | wit | ness | (Flor | quired only when signed | by mark) |
| SECTION II: I | | | | | | | | | | | | | |
| A COPY OF THE E | | | | | | | | | | | ME | MBER. THE NAM | IE ON |
| 18. Employer Code | 19. Emplo | oyer Name | | | | 20. Pleas employer distribution | r. (An | nual mé | mber state | employements a | ee's p re se | primary or seconda nt to primary empir | ary oyers for |
| 000.00 | ANY E | MPLOYER | | | | l | ØР | rimary E | Employer | | Seco | ondary Employer | |
| 21. Original Date of in items 18-19 | Hire with Er | mployer listed | 22. Date o | f Membe | rship 23 | . Employee | 's Pos | ition Tit | le | 24. 8 | Emplo | oyee's Annual Sala | ary |
| in items 10-19 | 07-01- | 2006 | 07-0 | 1-2006 | 5 | TEACHER | 2 | | | | | 30,000.00 | |
| 25. I hereby certify t | hat the emp | oloyee listed in | Section I of | f this form | n is eligible | for the reti | remer | nt plan s | elected. | • | | | |
| Employer Signature. | | | | | | Date | | | | | w | ork Telephone Nur | mber |
| For more inform | nation, ple | ase contact C | Sustomer : | Services | at 1-800 | -868-9002 | (in S | SC only |), 803-73 | 7-6800. | | s@scrs.state.sc | |

Form 1102 Active Member Beneficiary Form

CHECK ONE: Form 1102 ACTIVE MEMBER BENEFICIARY FORM Revised 03/25/2005 New Enrollee BENEFICIARY DESIGNATION, CONTINGENT BENEFICARY FOR Page 1 ☐ Change of Beneficiary ACTIVE MEMBERS ONLY- RETIREES USE FORM 7201 South Carolina Retirement Systems Print or type in black ink Retirement System (check one) State Budget and Control Board Box 11960, Columbia, SC 29211-1960 SCRS □ PORS Please read the instructions on the Use for designation of active member beneficiaries and contingent beneficiaries. You reverse (page 2) before completing ☐ GARS ☐ JSRS Hole forms may wish to consult with an afformewestate planner before completing this form. PERSONAL INFORMATION Section I 1. Last Name & Suffix First/Middle Name Social Security Number JOHN 000-00-0000 DOR Date of Birth 5 Address 03-03-1997 1 MAIN STREET 6. City 7. State 8. ZIP+4 COLUMBIA 29223 ALL SECTIONS MUST BE COMPLETED BENEFICIARY(IES) FOR REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS - I designate the following Section ⊪-∆ PRIMARY beneficiary(ies) to receive the Retirement Systems refund of contributions or survivor benefits if eligible. 1. Name of Beneficiary (ONE PERSON) Social Security # Date of Birth Relationship □M ⊠F JANE DOE 000-00-0000 09-01-1983 SPOUSE 2. Name of Beneficiary (ONE PERSON) Social Security # Relationship Sex Date of Birth □ M □ F 3. Name of Beneficiary (ONE PERSON) Social Security # Date of Birth Relationship Пм Пе Contingent Beneficiaries Have No Rights Unless All Primary Beneficiaries Have Died - I designate the following CONTINGENT beneficiary(les) to receive the Retirement Systems refund of contributions or applicable survivor benefits. If the contingent beneficiary designation below is blank all previous contingent beneficiaries will be revoked and your estate will become your configent beneficiary. 1. Name of Beneficiary (ONE PERSON) Social Security # Sex Date of Birth Relationship \square M \square E ESTATE Name of Beneficiary (ONE PERSON) Social Security # Date of Birth Relationship \square M \square F 3. Name of Beneficiary (ONE PERSON) Sex Date of Birth Relationship Social Security # \square M \square F BENEFICIARY(IES) FOR GROUP LIFE INSURANCE (You may not designate contingent beneficiaries for Group Life) I designate the following beneficiary(les) to receive the Retirement Systems Group Life Insurance: 1. Name of Beneficiary (ONE PERSON) Social Security # Date of Birth Relationship □м ⊠ ғ JANE DOE 000-00-0000 09-01-1983 SPOUSE 2. Name of Beneficiary (ONE PERSON) Social Security # Sex Date of Birth Relationship □м □ ∈ Sex 3. Name of Beneficiary (ONE PERSON) Date of Birth Social Security # Relationship □ M □ F Section IV CERTIFICATION AND CONDITIONS IMPORTANT: Please read the Certification and Conditions sections of the instructions on the reverse (page 2) before signing this form. I hereby certify I have read and understand the information on the reverse (page 2), including the certification and conditions, and I agree to the provisions stated. MEMBER'S SIGNATURE _____ (Do not print) (Required only when signed by mark) COUNTY OF _____ STATE OF

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(Out of state, requires Seal)

Acknowledged before me this date ________NOTARY NAME _____

My Commission Expires NOTARY SIGNATURE

PAGE ____ OF ____

Form 1103 Beneficiary/ Trustee Designation Form

| Form 1103 | BE | NEFICIARY/ | TRUSTEE DESI | GNATI | ON FO | RM | | CHECK ONE | - |
|---|----------------------|-----------------------|---|--------------|------------------------|-----------|--------------------|-------------------|--------|
| Revised 05/22/2001 | BE | NEFICIARY DE | SIGNATION, TRUS | TEE DES | SIGNAT | ION | ⊠ New | Enrollee | |
| Page 1 Print or type in black in | | ☐ Chang | ge of Beneficiary | | | | | | |
| South Carolina Retirement Systems | | | | | | | | nt System (chec | k one) |
| | | Box 119 | 960, Columbia, SC | 29211-19 | 60 | | SCRS □ PORS | | |
| Please read the instructions | on the reverse | | of beneficiaries and conting | | | ay wish | | SARS DJSF | RS |
| (page 2) before completing Section I | this form. | | ttomey/estate planner before | | this form. | | | | |
| 1. Last Name & Sumix | | | 12. First/Miggle Name | | | 13.5 | ociai secu | rity Number | |
| DOE | | | JOHN | | | | | -00-0000 | |
| 4. Date or Birth | 5. Address | | l | | | | | | |
| 03-03-1987 | 1 1 | MAIN STREET | | | | | | | |
| 6. City | | | | 7. State | | | 8.2 | ZIP+4 | |
| COLUMB | IA | ALL SIZ | | 1 | sc | | | 29229 | |
| Section II-A | | | TIONS MUST B | | | | | | |
| | | | REFUND OF CONTRIBU | | | | | vivor benefits: | |
| Name of Trustee(s), (a | ttach Form 1113) | ,, , | Trust ID, if applicable | A | ddress of | Trustee | (8) | | |
| JOE DOE | | | | | | | | UMBIA, SC 2 | 29229 |
| Name of Trust Benefic | lary (ONE PERSO | ON) | Social Security # | S(| и D F | | of Blirth | Relationship | |
| JOHN DOE JR. | | | 000-00-0001 | Se . | | | 1-2004 of Birth | SON | |
| Name of Trust Benefic | iary (ONE PERSO | N) | Social Security # | S | | Date | or Birth | Relationship | |
| 2. Name or Beneficiary (C | ONE PERSON) (NO | ot requiring trustee) | Social Security # | Se | x u 🗆 F | Date | or Birth | Relationship | |
| section II-B | Continger | nt Beneficiaries Ha | l Ive No Rights Unless Al Celve the Retirement Sy | l Primary E | Seneficiar | les Hav | e Died | <u> </u> | |
| I designate the followin 1. Name of Trustee(s), (a | ng contingent be | neficiary(les) to red | celve the Retirement Sy | stems réfu | nd of con | tributio | one or eur | vivor benefits: | |
| ESTATE | ittacii Foliii 1113) | | Trust ID, if applicable | 1 ^ | aaress or | Trustee | (6) | | |
| Name of Trust Benefic | lant (ONE DEBS) | SKIV | Social Security# | Se | | I Date | of Birth | Relationship | |
| realite of Trust Deficito | alary (ONL PERSO | 214) | Social Security # | | | Date | or or a | rveiauoriariip | |
| Name of Trust Benefic | lary (ONE PERSO | N) | Social Security # | Se | | Date | of Birth | Relationship | |
| 2. Name of Beneficiary (C | ONE PERSON) (no | ot requiring trustee) | Social Security # | Se D i | | Date | or Birth | Relationship | |
| Section III BEN | | | NSURANCE (You may n | | | | | | • |
| Name of Trustee(s), (a) | | ne rollowing bener | ficiary(les) to receive the Trust ID. If applicable | | nt systen ddress of | | | urance: | |
| JOE DOE | | | Truet ID, if applicable | | | | 4 2 | UMBIA, SC 2 | 20220 |
| Name of Trust Benefic | lary (ONE PERSO | ON) | Social Security# | Se | | | of Birth | Relationship | |
| JOHN DOE JR. | ,, | | 000-00-0001 | ⊠ r | и 🗆 ғ | 12-3 | 1-2004 | SON | |
| Name of Trust Benefic | lary (ONE PERSO | N) | Social Security# | Se | | Date | of Birth | Relationship | |
| 2. Name or Beneficiary (C | INE PERSON) (NO | ot requiring trustee) | Social Security # | Se | ex: | Date | or Birth | Relationship | |
| | | | 1 | | и 🗆 F | 1 | | | |
| Section IV | | | CERTIFICATION AND | CONDITION | ONS | | | • | |
| | | | s sections of the instruction | | | | | | |
| have read and understan | d the information of | on the reverse (page | e 2), including the certifica | ation and co | anditions, a | and Lag | ree to the | provisions stated | |
| MEMBER'S SIGNATURE | | | wi | TNESS | | | | | |
| | (Do | not print) | | | (Required | only w | hen signed | l by mark) | |
| STATE OF | | | 0 | OUNTY OF | | | | | |
| | | | | | | | | - | |
| Acknowledged before me | this date | | NOTAR | Y NAME _ | | | | | |
| | | | | | | | | | |
| My Commission Expires | | | NOTARY SIGN | ATURE | (Out of | state, re | equires Sea | al) | |

Please call SC Retirement Systems Customer Service with any questions: 800/868-9002 (in state) or 803/737-6800

PAGE ___ OF ___

Form 1113 Certificate of Trust

| Form 1113 CERTIFICATIO 05/29/2002 State Budget at Page 1 of 2 South Carolina Re Attention: Et Box 11960, Columb | Retirement Plan (check one) SCRS PORS JSRS GARS State ORP | |
|---|--|--------------------|
| PERSONALLY APPEARED before me, JOHN DOB | | |
| (SSN:000-00-0000), who being duly sworn, deposes | (Member Name) | |
| I certify that I desire to designate a trust to receive my \$ | South Carolina Retirement Sys | tems benefits. |
| I certify that the following person will serve as Trustee controls | | (Trustee Name) |
| 3 MAIN STREET | 803 | -000-1111 |
| (Trustee Address) | o | Trustee Telephone) |
| 3. I certify that the following person(s) are beneficiary(ies) | of the trust: | |
| a. Name of Beneficiary | Social Security # | Date of Birth |
| JANE DOE | 111-11-1111 | 09-01-2005 |
| | | MM-DD-YYYY |
| b. Name of Beneficiary | Social Security # | Date of Birth |
| | | MM-DD-YYYY |
| c. Name of Beneficiary | Social Security # | Date of Birth |
| | | MM-DD-YYYY |
| d. Name of Beneficiary | Social Security # | Date of Birth |
| | | MM-DD-YYYY |
| MEMBER'S SIGNATURE(Do not print) | | |
| ACKNOWLEDGED BEFORE ME THIS DATE | | |
| MY COMMISSION EXPIRES NOTAR' | Y SIGNATURE(Out of st | ate requires Seal) |

Please call SC Retirement Systems Customer Service with any questions: 800/868-9002 (in state) or 803/737-6800

8/25/2006

SCRS Election of NonMembership

SCRS Election of Non-Membership

(Excluding Retirees Returning to Covered Employment)

- School bus driver
- Earned compensation below \$100 per month
- Non-permanent position
- Day laborer
- Hospital worker
- Elected Official

Employees in the above categories have the option of electing non-membership. Form 1104 (*Election of Non-Membership*) should be submitted within 30 days of the employee's hire date.

If an employee has funds on deposit in South Carolina Retirement System (SCRS) they may not elect non-membership under Sections: 944/425; and 9-1-510 through 9-1-580

Form 1104 Election of NonMembership

Form 1104 FLECTION OF NON-MEMBERSHIP Revised 07/11/2005 State Budget and Control Board Page 1 South Carolina Retirement Systems Print or type in black ink and sign in Attention: Enrollment blue lnk. Please read the instructions on Box 11960, Columbia, SC 29211-1960 page 2 before completing this form. EMPLOYEE INFORMATION SECTION I If you currently have funds on deposit in the Retirement Systems, you may not elect non-membership. 1. Last Name & Suffix (PLEASE PRINT) 2. First/Middle Name @LEASE PRINTS Social Security Number JOHN 000-00-0000 Address City State 7. ZIP+4 COLUMBIA 29229 1 MAIN STREET 8. Sex 9. Date of Birth 10. Date of Employment 11. Position Title Present Monthly Salary X M 03-03-1987 07-01-2006 25,000.00 COMPUTER TECHNICIAN ΠЕ SECTION II EMPLOYEE CERTIFICATION AND SIGNATURE I understand that an employee hired by an eligible employer (school district, higher education, technical college, state department, agency, bureau, commission, and institution) covered under the South Carolina Retirement System (SCRS), who is not receiving benefits as a retired member, may elect to participate in either the traditional defined benefit plan, SCRS, or the optional defined contribution plan, State ORP. The election to participate in State ORP must be made within 30 calendar days after entry into service (date of hire). An employee who elects non-membership may not later out into State ORP if the 30-day window of election has expired; however, if an employee experiences a break in service and is rehired, he would again be eligible to make an election within 30 calendar days from the subsequent date of hire. I hereby notify you that I am an employee of the state of South Carolina or its political subdivisions, and that I meet the requirements to elect non-membership in the Retirement Systems, and I hereby exercise my option to elect non-membership. I take this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period. of employment since I have elected non-membership.

I also certify that the information provided in items 1-12 of Section I of this form are true to the best of my knowledge and belief.

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| Employee Signature: | Date: | | |
|--|----------------------------|-------------|--------|
| SECTION III EMPLOYMENT CATEGORY (TO BE COMPLETED BY TH | HE EMPLOYER) | | |
| If the employee's position qualifies him or her to elect non-membership, please mark the appropriate deposit in the Retirement Systems, the employee may not elect non-membership. | box. If an employee currer | ntly has fu | nds on |
| CATEGORY (SEE DESCRIPTIONS ON PAGE 2) | SCRS | PORS | GARS |
| Non-Permanent Position | ⊠ | | |
| Optional Membership - Exemptions Authorized by the Retirement Act | | | |
| Elected Official Earning \$9,000 or less per Year | | | |
| Employee Earning Less than \$2,000 and working fewer than 1,600 hours in a Year | | | |
| Active General Assembly Member retired under JSRS or receiving GARS benefits at age 70 or after 3 | 30 years service | | |
| Retired Justice/Judge returning to work for public institution of education | | | |
| I hereby certify that the employee listed in items 1-2 of Section I of this form meets the requirements to | o elect non-membership. | | |
| Employer Name: ANY EMPLOYER | Employer Code: | .00 | |
| Employer Signature: | Date: | | |
| Title: BENEFITS ADMINISTRATOR Work Te | lephone: 803-123-456 | 57 | |

Please call SC Retirement Systems Customer Service with any questions; (800) 868-9002 (in state) or (803) 737-6800

ORP Enrollment

State ORP

- All state, public school and higher education employees hired after June 30, 2003, are eligible to choose State ORP. This includes all permanent full-time employees, temporary, part-time employees and political appointees
- An employee hired by an eligible employer (school district, higher education, technical college, state agency) may elect to participate in either the traditional defined benefit plan (SCRS), or the optional defined contribution plan (State ORP).
- Employees in the above categories must complete Form 1100 (Retirement Plan Enrollment).
 Employees must choose either SCRS or State ORP and a vendor. Form 1100 should be submitted within 30 days of the employee's hire, or the employee defaults to SCRS.
- An employee, who is receiving a distribution of benefits from an ORP provider and is employed in a position eligible for membership in SCRS, must enroll in either SCRS or ORP, unless a statutory exemption applies.
- If an employee has an account in SCRS or the State Optional Retirement Program (State ORP)
 they have the option to enroll in the system of their choice, if the new employer is a State ORP
 eligible employer; Section: 9-1-480, unless it is concurrent employment
- If an employee obtains a concurrent position and is a member of ORP, the employee must elect ORP for the second position, if the second position is eligible for ORP; 9-20-40 (A)
- Notwithstanding any other provision of law, a contributing member of the SCRS System shall remain a contributing member while under employment to an employer covered by the SCRS System; Section 9-1-425.
- Employees must complete and sign Form 1106 (State ORP Active Group Life Beneficiary 8 Designation).

State ORP Open Enrollment

Open enrollment is held each January 1- March 1 During this time members may:

- Change investment providers
- Irrevocably switch to SCRS if the member has between one and five years of State ORP service

To make changes, members must complete and sign Form 1162 (State ORP Notice of Termination or Change).

Form 1100 Retirement Plan Enrollment Form

| Form 1100 | | | | | | | 1_ | | | EQUESTED (| _ |
|--|---|---|--|-------------------|------------------------|-----------------------------|--|---|----------------------------|-----------------------------|--|
| Revised 08/08/2005 RETIREMENT PLAN ENROLLMENT Page 1 | | | | | | | NEW ENROLLEE (First-time membership) ■ | | | | |
| . aga . | | | udget and | | | | _ | ☐ OPEN ENROLLMENT (Irrevocable election from State ORP) ☐ CHANGE OF EMPLOYER (Transfer)/DUAL EMPLOYMENT | | | |
| Delet or time | in black ink | South Car | | | | ystems | | | | LOYER (Tran | ister)/DUAL EMPLOYMENT |
| Print or type in black ink Attention: Enrollme and sign in blue ink. | | | | | | | 15 | | ame (Prior | | |
| Please read | | Box 11960 | , Columb | ia, S | C 292 | 11-1960 | 1 | | | | IDICATING NAME CHANGE) |
| Instructions | | | | | ☐ Address | | | | | | |
| before comp | leting this | | | | | | 1 | | SN (Old Nu ate of Birth | | |
| form. | | OVEE IN | | ~ | / | | | _ | | | VEE |
| | | OYEE INF | ORMAII | | • | | | IEDE | | | |
| 1. Last Nam | e & Suffix | | | 2. | First/ M | iddle Name | | | - 1 | | CURITY Number (ATTACH A DUR SOCIAL SECURITY CARD.) |
| DOE | | | | J | OHN | | | | | 000 | -00-0000 |
| 4. Address | MAIN STRE | pr | | | 5. City | | | | | 6. State | 7. ZIP+4 |
| | MAIN SIKE | | | | COLU | MBIA | | | | sc | 29229 |
| 8. Sex 9. | Date of Birth | 10. Telephone | e Number | 111. H | lave you | ever been a | | 12. If Ite | m 11 is "Y | 'es". Indicate t | the name(s) of your former |
| M | | , | | mem | nber of th | ie South Card | illna | | oloyer. | | , |
| M-Male F-Female | 3-03-1987 | 803-123 | 3-4567 | Retir | ements N 🖾 | ystems? to 🔲 Yes | | Did vo | u withdraw | your contribu | rtions? □No □Yes |
| | | | | 4 4.00 | | | | - | | - | benefit from any of the |
| 13. Do you cu | arrentiy have a p | ending refund re | quest? | | | Systems' retir | | | ied to rece | ive a monumy | benefit from any of the |
| | ⊠ No □ Y | es | | | | , | | • | ⊠ No | ☐ Yes | Application in Process |
| 15. Retireme | nt Plan Election: | □ scrs □ r | ORS (See | Instruc | tions) | | | | 16. Sele | ct ORP Vendo | or |
| (CHOOS | E ONE) | State ORP (I | | | | te Item 16.) | | | □AIG | D. | itiStreet |
| | | ☐ GARS - Sena | ator (100.01) | | GARS - | Representati | ve (10 | 10.02) | | valic Li C | HISTORY LINAS-CREP |
| | | ☐ JSRS - Judge | e (001.00) | | JSRS - : | Solicitor (002 | 00) | | | ⊠ Th | e Hartford |
| defined ben within 30 ca | efit plan, SCRS lendar days af | S, or the option ter entry into se | al defined o ervice (date | ontrib of hire | ution pla e). | an, State O | RP. T | he elec | tion to pa | rticipate in S | nent, agency, bureau, pate in either the traditional state ORP must be made |
| ORP assum one-time im- anniversary | e all investmer evocable electi of the initial er | nt risk. The ele on to join SCR rollment in Sta | ction to part S during an ite ORP. | y oper | e in Stat n enrolli | te ORP is in ment period | after | able, ex the firs | cept a St t annual a | ate ORP pa inniversary. | . Participants in the State rticipant may make a but before the fifth annual til the Retirement Systems |
| receives from | m me a proper | ly executed be | neficiary for | m. | | | | | | | |
| My signatu access to in | ire below indica | ates that my en | nployer has | expla | ined the | e retirement signature o | plan n this | options docum | available ent confir | to me and I ms my retire | has provided me with ement plan election as |
| THE LANC | HACE HEED I | N THIS DOCK | MENT DOD | e No | TODE | ATE ANY C | ONT. | DACTII | AL DICH | TE OD ENT | ITLEMENTS AND DOES |
| NOT CREA | TE A CONTRA | ACT BETWEEN | N THE MEN | IBER | AND T | HE SOUTH | CAR | OLINA | RETIRE | MENT SYST | EMS. THE SOUTH |
| CAROLINA | RETIREMENT | SYSTEMS R | ESERVES | THE F | RIGHT 1 | O REVISE | THE | CONT | NT OF T | HIS DOCU | MENT. |
| | | | | | | | | | | | |
| Employee's S | lonature | | | | | Date | | | wit | ness | |
| | | | | | | | | | | | quired only when signed by mark) |
| | | OYER INFO | | | | | | | | | |
| | | E'S SOCIAL SE RD MUST MAT | | | | | | | | | MBER. THE NAME ON |
| 18. Employer | Code 19. Emp | oloyer Name | | | | employ | er. (Ar | | mber state | | orimary or secondary nt to primary employers for |
| 000.00 | ANY | EMPLOYER | | | | - Clearing | | | Employer | □ seco | endary Employer |
| 21. Original E | ate of Hire with | Employer listed | 22. Date of | Membe | ership I: | 23. Employee | | _ | | | oyee's Annual Salary |
| In Items | 18-19 | -2006 | 07-01 | | | TEACHE | | | | | 30,000.00 |
| 25 | | | | | | | | | | | , |
| 25. I nereby | certify that the er | mployee listed in | Section 1 of t | IIIS TON | iii is eiigi | or the re | eme | ent plan s | elecied. | | |
| Employer Sig | nature | | | | | Date_ | | | | - w | ork Telephone Number |
| For more | information, p | lease contact (| Customer S | ervice | s at 1-8 | 00-868-900 | 2 (in | SC only |), 803-73 | 7-6800, or c | s@scrs.state.sc.us |
| | | | | | | | - | , | - | | _ |

Form 1106 State ORP Active Group Life Beneficiary Form

| Form 1106 STA | TE ORP ACTIVE | GROUP LIFE B | ENEFIC | IARY I | DESIGN | NATIO | ON | |
|--|--|---|-------------|------------|---------------|----------|------------------------|-------|
| Revised 06/07/2002 | | arolina Retirement | - | | | | | |
| Print or type in black ink | | Budget and Control | | | СН | ECK C | NE: | |
| · ····· · · · · · · · · · · · · · · · | | ttention: Enrollmen | | ⊠ State | ORP New | Enrolle | e e | |
| Please read the instructions on page 2 before completing this form. | Box 1196 | 0, Columbia, SC 29 | 211-1960 | ☐ State | ORP Active | e Group | Life Beneficiary Cit | nange |
| Section I | PER | SONAL INFORMATIO | N | | | | | |
| Last Name & Suffix | | First/Middle Name | | | 3. Social 3 | Security | Number | |
| DOE | | JOHN | | | 000 | 0-00- | -0000 | |
| 4. Date of Birth 5. Address | 1 MAIN STREE | T | | | • | | | |
| 09-01-1983 | | | | | | | | |
| 6. City | | | 7. State | | ı, | 8. ZIP- | +4 | |
| COLUMBIA | | | ļ | SC | | 2 | 9223 | |
| Section II I desig | BENEFICIARY(IE nate the following ber | S) FOR ACTIVE GRO reficiary(ies) to receiv | | | | Insura | ance: | |
| Name of Beneficiary (ONE PERS) | ON) | Social Security # | Sex | | Date or Bin | | Relationship | |
| JANE DOB 2. Name of Beneficiary (ONE PERS | os. | 000-00-0000 Social Security # | Sex | /I⊠F | | | SPOUSE Relationship | |
| 2. Name of Beneficiary (ONE PERS | ON) | Social Security # | | 1 DF | Date of Bir | un | Relationship | |
| 3. Name of Beneficiary (ONE PERS | ON) | Social Security # | Sex | 4 🗆 F | Date of Bir | th . | Relationship | |
| Name of Trustee(s), (attach Form | 1113) | Trust ID, if applicable | Add | ress of Tr | ustee(s) | | | |
| Name of Trust Beneficiary (ONE | PERSON) | Social Security # | 1 — | 4 🗆 F | Date of Bir | th | Relationship | |
| Name of Trust Beneficiary (ONE) | PERSON) | Social Security # | Sex | 1 🗆 F | Date of Bir | th | Relationship | |
| Section III | CER | TIFICATION AND CO | NDITIONS | | | | | |
| IMPORTANT: | | | | | | | | |
| Please read the Certification and Co Information on page 2, including the | | | | form. I he | reby certify | I have i | read and understan | d the |
| MEMBER'S SIGNATURE | | WITNE | ESS | | | | | |
| | (Do not print) | | | uired only | when sign | ed by n | nark) | |
| STATE OF | | | INTO OF | | | | | |
| STATE OF | | | JNTY OF | | | | | |
| ACKNOWLEDGED BEFORE ME T | HIS DATE | NO | TARY NAME | · | | | | |
| MY COMMISSION EVOIDES | | NOTABY SIGNATUR | .= | | | | | |
| MY COMMISSION EXPIRES | | _ NOTARY SIGNATUR | · | (Out of s | tate, require | es Seal |) | _ |
| | | | | | | | | |
| PAGE OF | | | | | | | | |
| Please call SC Retirem | ent Systems Custome | er Service with any o | uestions: 8 | 200/268 | -9002 (in | state | or 803/737-680 | 00 |

Form 1162 State ORP Notice of Termination or Change Form

Form 1162 Revised 06/07/2002

STATE OPTIONAL RETIREMENT PROGRAM (STATE ORP)

NOTICE OF TERMINATION OR CHANGE State Budget and Control Board

Print or type in black ink

South Carolina Retirement Systems Attention: Enrollment Box 11960, Columbia, SC 29211-1960

| SECTION I | | | EMPLOYEE INFORMATI | ON | |
|-----------------------|---------------------------|--------------|-------------------------------|-------------------|---------------------------|
| 1. Last Name & Suffix | | | First/Middle Name | | 3. Social Security Number |
| DOE | | | JOHN | | 000-00-0000 |
| 4. Address 1 M | AIN STREET | | | | • |
| | | | | | |
| 5. City | | 6. State | 7. Zip + 4 | | |
| COLUMBIA | | sc | 29229 | | |
| 8. Current Vendor Nan | | | | | |
| THE HARTFORD | > | | | | |
| SECTION II | | | REASON FOR CHANGE | | |
| CHANGE IN EMP | LOYEE INFORM | IATION | | | |
| | | | | | |
| TERMINATION | Effective Date: | | | | |
| ☑ VENDOR CHANG | E | | | | |
| | New Vendor: ^{A3} | G VALIC | | Effective | e Date:4-1-2006 |
| | | | | | |
| | | | | | |
| | | | | | |
| SECTION III | то | BE COME | PLETED BY EMPLOYEE AN | ID EMPLOYER | |
| | | | | | |
| Employee's Signatur | e: | | | Effective Date:4- | 1-2006 |
| | | | | | |
| | | | | | |
| Employer Name:ANY | EMPLOYER | | | Employer Code:0 | 00.00 |
| | | | _ | | |
| | | | | | |
| Authorized Employer | r Signature: | | | | |
| | | | | | |
| | | Telepho | ne #:803-123-4567 | Date:2/1/2006 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Patum comple | stad form to | the SC Retirement Systems (se | o addrose about | |
| Please call SC Re | | | the SC Retirement Systems (se | | 803/737-6800 |

State ORP Vendors

Richard Snyder

The Hartford
50 Glenlake Parkway
Atlanta, GA 30328
(888) 897-2677 Office
(800) 528-9009 (Service Center)
sc.orp@hartfordlife.com

David A. Johnson

CitiStreet/MetLife 10130 Mallard Creek Road Charlotte, NC 28262 (704) 549-0297 Office djohnson14@metlife.com

Carl H. Goodwin

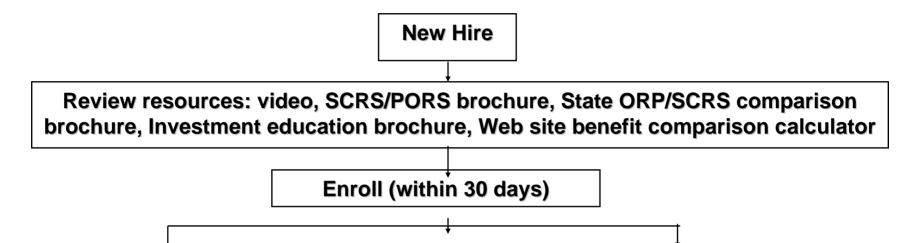
TIAA-CREF Individual & Institutional Services, LLC.
Six Concourse Parkway
Suite 2600
Atlanta, GA 30328
(800) 842-2003
cgoodwin@tiaa-cref.org

Mandy Yelton

AIG VALIC 3710 Landmark Drive, Suite 104 Columbia, SC 29204 (803) 743-2020 mandy_yelton@aigvalic.com

8/25/2006

Retirement System's Forms Flow



SCRS/PORS

1100 - Retirement Plan Enrollment

1102 - Active Member Beneficiary

Designation

1103 – Beneficiary/Trustee Designation

1104 - Election of Non-Membership

1113 - Certification of Trust

1114 - Notification of Employed Retiree

State ORP

Except political subdivisions, PORS, GARS, and JSRS

1100 - Retirement Plan Enrollment

1103 - Beneficiary/Trustee

Designation

1106 – Active Group Life Beneficiary Designation

1113 – Certification of trust

1162 – Change of Vendor/Termination

| New hire selects SCRS | New hire eligible for PORS | New hire selects State ORP | Retiree returns to covered employment | New hire declines membership |
|--|--|---|--|---|
| Complete & Sign Retirement Plan Enrollment Form 1100 | Complete & Sign Retirement Plan Enrollment Form 1100 | Complete & Sign Retirement Plan Enrollment Form 1100 | Complete & Sign Notification of Employed Retiree Form 1114 | Complete & Sign Election of Non- Membership Retiree Form 1104 |
| Complete & Sign Beneficiary Designation Form 1102 or Beneficiary/ Trustee Designation Form 1103 and Certification of Trust Form 1113 | Complete & Sign Beneficiary Designation Form 1102 or Beneficiary/ Trustee Designation Form 1103 and Certification of Trust Form 1113 | Complete & Sign State ORP Active Group Life Beneficiary Designation Form 1106 | Complete & Sign Retired Member Change of Beneficiary | |
| | | Complete/Mail vendor application form to State ORP vendor | | |
| Mail Form 1100 & Form 1102, or Forms 1103 & 1113, & copy of SSN card to SCRS | Mail Form 1100 & Form 1102, or Forms 1103 & 1113, & copy of SSN card to SCRS | Mail Form 1100 & Form 1106 copy of SSN card to SCRS | Mail Form 1114 and Form 7201 copy of SSN card to SCRS | Mail Form 1104 & copy of SSN card to SCRS |
| 8/25/2006 | | Mail Form 1100 to CG if new hire at a state agency; if not, mail to State ORP vendor | | 30 |

PORS Enrollment

Police Officers Retirement System (PORS) Membership

SC State Code of Laws (Section: 9-11-40)

- All persons who become employed as police officers and/or firemen by the state or other employer after the employer's date of admission in to the system under the provisions of this section shall become members as a condition of their employment.
- If an employee is currently active in PORS with another employer, he
 must continue his membership with the concurrent employer, if the
 concurrent employer has PORS coverage.

 If a person does not have funds in an SCRS account, but has funds on account in PORS, GARS, JSRS, NGRS or State ORP, that person may elect to opt out of SCRS membership under S.C. Code Ann. Sections 9-1-510 through 9-1-580

8/25/2006

PORS Eligible Membership

- Police officers
- Firefighters
- Magistrates (effective: January 1, 2001)
- SC Department of Corrections, SC Department of Juvenile Justice, or SC Department of Mental Health Peace Officers
- Probate judges may elect PORS
- Coroners

PORS Membership

To be a PORS member, the employer must be a PORS covered employer and the employee must meet the following criteria:

Employees must be required by the terms of their employment to give their time to the:

POLICE OFFICERS

<u>FIREFIGHTERS</u>

Title 9, Chapter 11 of S.C. Code of Laws

9-1-660

<u>Preservation</u> of public order

Prevention and

<u>Protection</u> of life and property

Control of property

Detection of crimes in the state

destruction by fire

Police Officers and Firefighters are required to:

Work 1,600 hours per year Earn at least \$2,000 per fiscal year

PORS membership consists of police officers; firefighters; magistrates; SCDOC, SCDJJ, and SCDMH peace officers; probate judges; and coroners. Probate judges may elect either SCRS or PORS

- Employees meeting the above requirements must complete Form 1100 (*Retirement Plan Enrollment*). Form 1100 should be submitted within 30 days of the employee's hire date.
- Employers must certify that the employees meet the above criteria by completing Form
 1107 (Employer Certification of Police Officers Retirement System (PORS) Eligibility).
- Employees must complete and sign Form 1102 (Active Member Beneficiary Designation) or Form 1103 (Beneficiary/Trustee Designation) and Form 1113 (Certification of Trust).

8/25/2006

Form 1100 Retirement Plan Enrollment Form

| Form 110 | 00 06/06/200 | 5 DI | ETIREMEI | NT DL A | NI E | MDOL | LAME | -NIT | l sa . | | | | (Check One): |
|----------------------------------|---------------------------|---------------|------------------|--------------|-------------|-----------------------|------------|--------------|--|-------------------------|----------------------------|----------------|---|
| Page 1 | 00/00/200 | · KI | | | | | | | □ NEW ENROLLEE (First-time membership) □ OPEN ENROLLMENT (Irrevocable election from State ORP) | | | | |
| | | | State Bu | | | | | | _ | | | | |
| South Carolina Retirement System | | | | | ems | | | | | ansfer)/DUAL EMPLOYMENT | | | |
| | ype in blac | | Atte | ention: | Enro | liment | t | | | CHANG | E OF INFO | DRMATION | |
| | in blue ink | | Box 11960 | . Colum | ibia. | SC 29 | 211-1 | 1960 | l | | ame (Prior | | |
| Please re | | | | , | , | | | | l | | | AL DOCUMENT | INDICATING NAME CHANGE) |
| | ns on pag | | | | | | | | l | | idress | | |
| | mpleting t | nis | | | | | | | l | | SN (Old Nu ste of Birth | | |
| form. | | | | | | | | | <u> </u> | | | | |
| | | | YEE INF | ORMA | | | | | LET | TED E | BY THE | | , |
| 1. Last Na | ame & Su | mix | | | - 1 | 2. First/ | Middle | Name | | | - 1 | | ecurity Number (ATTACHA YOUR SOCIAL SECURITY CARD.) |
| DOE | | | | | | JOHN | | | | | | 000 | 0-00-0000 |
| Addres | 5 | | _ | | | 5. Cir | ty | | | | | 6. State | 7. ZIP+4 |
| | 1 MAIN | STREE | T | | | - 1 | - | - | | | | sc | 20222 |
| Ι. | | | | | | | UMBI | | | | | sc | 29229 |
| 8. Sex | Date of | Birth | 10. Telephone | Number | 11 | . Have yo | ou ever | been a | | | | 'es", indicate | the name(s) of your former |
| M | | | | | | ember of etirement | | uth Caroll | na | emp | oloyer. | | |
| MeMale | 03-03- | 1987 | 803-123 | -4567 | 100 | | | □ Yes | - 1 | Didwa | u withdraw | your contrib | outlons? |
| M-Male F-Female | | | | | | _ | | | | | | _ | |
| 13. Do you | u currently i | have a per | nding refund rec | quest? | | | | | | | led to rece | elve a month | ly benefit from any of the |
| | ⊠ No | ☐ Yes | _ | - 1 | R | etiremen | t Syste | ms' retire | ment | t plans? | ⊠ No | ☐ Yes | ☐ Application in Process |
| | _ | _ | | | | | | | | | _ | | |
| 15. Retire | ment Plan I | Election: |]scrs ⊠r | PORS (Se | e Instr | ructions) | | | | | 16. Sele | ct ORP Ven | dor |
| (CHO | OSE ONE) | | State ORP (If | | | | lete Iter | m 16.) | | | DAIG | | CitiStreet |
| | | | GARS - Sena | ator (100.01 | 1) [| GARS | - Repre | esentative | e (10 | 0.02) | | valic 🗀 | Chistreet LI HAA-CREF |
| | | | JSRS - Judge | e (001.00) | | JSRS. | - Solicit | tor (002.0 | (D) | - | | | The Hartford |
| | | | | | | | | 4 | -,- | | | | |
| 17. An er | mployee h | ired by ar | n eligible emp | lloyer (sch | 100l d | istrict, hi | igher e | education | n, tec | chnical /ecbe | college, s | state depar | tment, agency, bureau, ipate in either the traditional |
| defined h | enefit nla | SCRS | or the ontion | al defined | Leontr | ribution r | olan S | State ORI | PT | he elec | tion to na | rticinate in | State ORP must be made |
| within 30 | calendar | days afte | r entry into se | ervice (dat | te of h | nire). | pidii, J | reace Or | | ne elec | ucii to pa | ilidopate ili | State Ord Thust be made |
| If I do no | ot make a | n election | within the re- | guired tim | ie. I w | rill be oo | nsiden | ed to hav | ve e | lected r | membersl | hip in SCR | S. Participants in the State |
| ORP_ass | ume all in | vestment | risk. The elec | ction to pa | articip | ate in St | ate OF | RP is ime | MOC | able_ex | cept a St | tate ORP p | articipant may make a |
| one-time | irrevocab | le election | n to join SCR: | S during a | any op | en enro | liment | penod a | after | the firs | t annual a | anniversary | , but before the fifth annual |
| Lunders | ary or the i | unitiali enik | ollment in Sta | ite ORF. | ris on | file my | estate | a will be | dosi | nnated | as my he | neficiary u | ntil the Retirement Systems |
| receives | from me a | properly | executed be | neficiary f | orm. | | | | | 9 | y | | in the rection of sterio |
| My sign | ature belo | w indicat | es that my en | nployer ha | as exp | plained t | he retir | rement p | olan - | options | available | to me and | has provided me with |
| | | | | an inform | ed ch | loice. M | ly sign: | ature on | this | docum | ent confir | ms my reti | rement plan election as |
| indicated | in block 1 | o above. | | | | | | | | | | | |
| THE LAN | IGUAGE | USED IN | THIS DOCU | MENT DO | DES N | OT CRE | EATE | ANY CO | NTE | RACTU | AL RIGH | TS OR EN | TITLEMENTS AND DOES |
| NOT CR | EATE A C | ONTRAC | OT BETWEEN | N THE ME | MBE | R AND | THE S | OUTHO | CAR | OLINA | RETIRE | MENT SYS | TEMS. THE SOUTH |
| CAROLI | NA RETIR | REMENT | SYSTEMS R | ESERVES | S THE | RIGHT | TO R | EVISE T | HΕ | CONTE | ENT OF T | THIS DOCU | JMENT. |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Employee' | 's Signature | | | | | | | _ Date | | | wit | ness | |
| | | | | | | | | | | | | | tequired only when signed by mark) |
| | | | YER INFO | | | | | | | | | | |
| | | | | | | | | | | | | | EMBER. THE NAME ON |
| THE SOC | IAL SECU | RITY CAR | D MUST MATO | CH THE NA | AMEL | ISTED IN | | | | | | | |
| 18. Employ | yer Code | 19. Empk | oyer Name | | | | | 20. Pleas | e Ind | ficate if y | you are the | employee's | primary or secondary |
| | | | | | | | | employer | | | | ements are s | ent to primary employers for |
| 000. | . I | 2,377 | EMPLOYER | | | | | Creditourio | A. 10 | mentibel | 0.7 | | |
| | ~~ I | ANI | BMPLOIBE | | | | | | ⊠ P | rimary E | Employer | □ se | condary Employer |
| 21. Origina | al Date of H | lire with Er | mployer listed | 22. Date of | of Men | nbership | 23. E | mployee's | s Pos | sition Titi | e | 24. Emr | oloyee's Annual Salary |
| | ns 18-19 | | , | | | | | ,, | | | - | | ,, |
| | | 07-01- | 2006 | 07-0 | 1-20 | 006 | SI | ECURIT | Y G | SUARD | | - 1 | 30,000.00 |
| 25 I born | hy cortific to | at the emi | ployee listed in | Section : o | of fiblic * | form is of | ialible fo | or the refir | eme | nt plac s | clected | | |
| 25. There | by certify th | at the ent | proyee risted in | Section 10 | - units 1 | om is ell | gibre 10 | a use retir | ene | inc pram 8 | elecieu. | | |
| Employer | Slonature | | | | | | | Date | | | | | |
| _mployer: | o.g.i.ature_ | | | | | | | | | | | | Work Telephone Number |
| Eor m | ore inform | ation plo | ase contact C | lustomer | Send | cos at 1 | enn-e | 68-0002 | Circ. S | SC only |) BU3-23 | | cs@scrs.state.sc.us |
| FOLING | o.e iilioim | acon, pie | ase contact C | Justomer | Servic | cesati- | 300-01 | 55-8002 | qui s | oc omy | j, 003-73 | 0000 or | oaggaura.siaie.su.us |

Form 1107 **Employer** Certification of Police Officers Retirement System (PORS) **Eligibility**

Form 1107 07/26/2004

EMPLOYER CERTIFICATION OF POLICE OFFICERS RETIREMENT SYSTEM (PORS) ELIGIBILITY

State Budget and Control Board South Carolina Retirement Systems Box 11960, Columbia, SC 29211-1960

PERSONALLY APPEARED before me. BOB DOE , who being duly sworn, deposes and says: 1. Lam the CHIEF OF SECURITY of ANY AGENCY (TITLE) (AGENCY) 2. That in my capacity as CHIEF OF SECURITY . I am familiar with the duties and responsibilities of the employees of ANY AGENCY 3. I certify that JOHN DOE is a participating employer in the Police Officers Retirement System: JOHN DOE 000-00-000 (SSN# Loertify that (EMPLOYEE) is an employee of ANY AGENCY and currently holds the position of GAME WARDEN I certify that in his/her capacity of GAME WARDEN , he/she is required by the terms of their employment to give time to: a) the preservation of public order, the protection of life and property and the detection of crimes; or b) the prevention and control of property destruction by fire. 6. Icertify that as a GAME WARDEN _, he/she is required to devote at least 1,600 hours per year of active duty performing the "police officer" or "fireman" duties listed in paragraph 5 above, and that he/she receives at least \$2,000 salary per year for these duties in accordance with Section 9-11-40(4) or Section 9-1-660. THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT. EMPLOYER'S SIGNATURE _____(Do not print) COUNTY OF_____ STATE OF ACKNOWLEDGED BEFORE ME THIS DATE NOTARY NAME MY COMMISSION EXPIRES _______ NOTARY SIGNATURE _____ This form must be completed for any PORS member other than a magistrate or a probate judge.

Form 1102 Active Member Beneficiary Form

CHECK ONE: Form 1102 ACTIVE MEMBER BENEFICIARY FORM Revised 03/25/2005 New Enrollee BENEFICIARY DESIGNATION, CONTINGENT BENEFICARY FOR Page 1 ☐ Change of Beneficiary ACTIVE MEMBERS ONLY- RETIREES USE FORM 7201 South Carolina Retirement Systems Print or type in black ink Retirement System (check one) State Budget and Control Board ☐ SCRS ▼ PORS Box 11960, Columbia, SC 29211-1960 Please read the instructions on the Use for designation of active member beneficiaries and contingent beneficiaries. You reverse (page 2) before completing ☐ GARS ☐ JSRS Hole forms may wish to consult with an afformewestate planner before completing this form. PERSONAL INFORMATION Section I 1. Last Name & Suffix 2. First/Middle Name Social Security Number JOHN 000-00-0000 DOR Date of Birth 5 Address 03-03-1997 1 MAIN STREET 6. City 7. State 8. ZIP+4 COLUMBIA 29223 ALL SECTIONS MUST BE COMPLETED BENEFICIARY(IES) FOR REFUND OF CONTRIBUTIONS/SURVIVOR BENEFITS - I designate the following Section ⊪-∆ PRIMARY beneficiary(ies) to receive the Retirement Systems refund of contributions or survivor benefits if eligible. 1. Name of Beneficiary (ONE PERSON) Social Security # Date of Birth Relationship □M ⊠F JANE DOE 000-00-0000 09-01-1983 SPOUSE 2. Name of Beneficiary (ONE PERSON) Social Security # Relationship Sex Date of Birth □ M □ F 3. Name of Beneficiary (ONE PERSON) Social Security # Sev Date of Birth Relationship Пм Пе Contingent Beneficiaries Have No Rights Unless All Primary Beneficiaries Have Died - I designate the following CONTINGENT beneficiary(les) to receive the Retirement Systems refund of contributions or applicable survivor benefits. If the contingent beneficiary designation below is blank all previous contingent beneficiaries will be revoked and your estate will become your configent beneficiary. 1. Name of Beneficiary (ONE PERSON) Social Security # Sex Date of Birth Relationship \square M \square E ESTATE Name of Beneficiary (ONE PERSON) Social Security # Date of Birth Relationship \square M \square F 3. Name of Beneficiary (ONE PERSON) Social Security # Sex Date of Birth Relationship \square M \square F BENEFICIARY(IES) FOR GROUP LIFE INSURANCE (You may not designate contingent beneficiaries for Group Life) I designate the following beneficiary(les) to receive the Retirement Systems Group Life Insurance: 1. Name of Beneficiary (ONE PERSON) Social Security # Date of Birth Relationship □м ⊠ ғ JANE DOE 000-00-0000 09-01-1983 SPOUSE 2. Name of Beneficiary (ONE PERSON) Social Security # Sav Date of Birth Relationship □м □ ∈ Sex 3. Name of Beneficiary (ONE PERSON) Date of Birth Social Security # Relationship □ M □ F Section IV CERTIFICATION AND CONDITIONS IMPORTANT: Please read the Certification and Conditions sections of the instructions on the reverse (page 2) before signing this form. I hereby certify I have read and understand the information on the reverse (page 2), including the certification and conditions, and I agree to the provisions stated. MEMBER'S SIGNATURE _____ (Do not print) (Required only when signed by mark) COUNTY OF _____ STATE OF

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Acknowledged before me this date ________NOTARY NAME _____

(Out of state, requires Seal)

My Commission Expires NOTARY SIGNATURE

PAGE ____ OF ____

Form 1103 Beneficiary/ Trustee Designation Form

| | | | TRUSTEE DESIGNATION FORM | | | | CHECK ONE: | | | |
|---|----------------------------------|--|---|----------|----------------|-------------------|--------------|----------------------------|---------------------------------------|-----------------|
| Revised 05/22/2001 BENEFICIARY DE Page 1 | | | SIGNATION, TRUSTEE DESIGNATION | | | | New Enrollee | | | |
| Print or type in black ink State | | | Budget and Control Board | | | | | ☐ Change of Beneficiary | | |
| | | South (| Carolina Retirement | t Sys | tems | | | l . | nt System (che | |
| | | Box 119 | 60, Columbia, SC 2 | 9211 | -1960 |) | | _ | CRS XP | |
| Please read the instructions (page 2) before completing to | on the reverse | Use for designation | of beneficiaries and continge tromey/estate planner before | ent bene | eficianie | s. You ma | ay wish | | SARS JS | SRS |
| Section I | and rount. | | RSONAL INFORMATION | | ung unis | i normi. | | | | |
| Last Name & Sumx | | | 2. First/Middle Name | | | | 3. 30 | ociai secu | rity Number | |
| DOE | | | JOHN | | | | | 000- | -00-0000 | |
| 4. Date of Birth | Address | | | | | | | | | |
| 03-03-1987 | 1 1 | MAIN STREET | | | | | | | | |
| 6. City COLUMB | TA | | | 7. Sta | ite | sc | | 8.2 | ZIP+4 2922 | a |
| COBORE | | ATT CL | TIONS MUST BE | | 18413 | | | | 2322 | |
| Section II-A | BENEE | | | | | | | | | |
| | BENER wing primary be | reficiary(les) for re | REFUND OF CONTRIBUT seive the Retirement Sys | tems: | refund | IVOR B | tributio | ıs ensorsur | vivor benefits: | |
| Name of Trustee(s), (a | ttach Form 1113) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Trust ID, if applicable | | | ress of 7 | | | | |
| JOE DOE | | | | I | 1 R | IVER 1 | DRIVE | z, colt | UMBIA, SC | 29229 |
| Name of Trust Benefic | lary (ONE PERSO | N) | Social Security # | | Sex | | | of Blifth | Relationship | |
| JOHN DOE JR. | | | 000-00-0001 | | ⊠ м | □F | | 1-2004 | SON | |
| Name of Trust Benefic | ary (ONE PERSO | N) | Social Security # | | Sex | □ F | Date (| of Birth | Relationship | |
| Name or Beneficiary (C | INE PERSON) (NO | ot requiring trustee) | Social Security # | | sex | | Date o | or Birth | Relationship | |
| section II-B | Continuo | rt Banaffalariaa Ha | vo No Blabte Unione All | l' | □ M | _ | oo Hay | o Died | | |
| section II-B I designate the followin | g contingent ber | neficiary(les) to rec | elve the Retirement Sys | tems | refund | of conf | tributio | ne or sur | vivor benefits: | |
| Name of Trustee(s), (a | ttach Form 1113) | | Trust ID, if applicable | | Add | ress of 1 | Frustee | (8) | | |
| ESTATE | | | | | | | | | | |
| Name of Trust Benefic | • | | Social Security # | | Sex | □F | | of Blifth | Relationship | |
| Name of Trust Benefic | | - | Social Security # | | Sex | □F | | of Birth | Relationship | |
| Name of Beneficiary (C | NE PERSON) (no | ot requiring trustee) | Social Security # | | Sex | □F | Date o | or Birth | Relationship | |
| Section III BEN | EFICIARY(IES) F I designate t | OR GROUP LIFE IN he following benef | SURANCE (You may no Iclary(les) to receive the | t desi | gnate ement | conting System | ent be | neficiaries ip Life ins | for Group Lif urance: | e) |
| Name of Trustee(s), (a | ttach Form 1113) | | Trust ID, if applicable | | Add | ress of 1 | Frustee | (S) | | |
| JOE DOE | | | | I | | IVER 1 | | | JMBIA, SC | 29229 |
| Name of Trust Benefic | lary (ONE PERSO | N) | Social Security # | | sex | | | | Relationship | |
| JOHN DOE JR. | | | 000-00-0001 | | ⊠м | ШF | | 1-2004 | SON | |
| Name of Trust Benefic | | | Social Security # | | Sex □ M | □F | | of Birth | Relationship | |
| 2. Name or Beneficiary (C | NE PERSON) (no | xt requiring trustee) | Social Security # | | Sex □ M | □ F | Date o | or Birth | Relationship | |
| Section IV | | | CERTIFICATION AND | CONE | NOITION | s | • | | | |
| IMPORTANT: Please have read and understand | read the Certification of | ation and Conditions on the reverse (page | sections of the instruction 2), including the certifical | ns on t | he revi | erse (pa | ge 2) b | efore signi ree to the | ng this form. I h provisions state | ereby certify I |
| | | | | | | | | | | |
| MEMBER'S SIGNATURE | (Do | not print) | WII | NESS | (B | eaulred | only wi | nen signed | (by mark) | |
| STATE OF | , | | co | UNTY | | | , | | ,, | |
| | this date | | | | | | | | | |
| Acknowledged before me | uns date | | NOTARY | NAM | | | | | | |
| My Commission Expires | | | NOTARY SIGNA | TURE | | Out of s | tate, re | quires Sea | al) | |
| PAGE OF | | | | | | | | | | |
| FAGE OF | _ | | | | | | | | | |

Please call SC Retirement Systems Customer Service with any questions: 800/868-9002 (in state) or 803/737-6800

Form 1113 Certificate of Trust

| Form 1113 05/29/2002 Page 1 of 2 State Budget at South Carolina Re Attention: Er Box 11960, Columb PERSONALLY APPEARED before me, JOHN DOB (SSN:000-00-0000), who being duly sworn, deposes 1. I certify that I desire to designate a trust to receive my S | Retirement Plan (check one) SCRS M PORS JSRS GARS State ORP | | | | | | | |
|--|---|--------------------|--|--|--|--|--|--|
| I certify that the following person will serve as Trustee of my trust: ANN STONE (Trustee Name) | | | | | | | | |
| 3 MAIN STREET | 803 | -000-1111 | | | | | | |
| (Trustee Address) | o | Trustee Telephone) | | | | | | |
| 3. I certify that the following person(s) are beneficiary(ies) | of the trust: | | | | | | | |
| a. Name of Beneficiary | Social Security # | Date of Birth | | | | | | |
| JANE DOE | 111-11-1111 | 09-01-2005 | | | | | | |
| | | MM-DD-YYYY | | | | | | |
| b. Name of Beneficiary | Social Security # | Date of Birth | | | | | | |
| | | MM-DD-YYYY | | | | | | |
| c. Name of Beneficiary | Social Security # | Date of Birth | | | | | | |
| - | | MM-DD-YYYY | | | | | | |
| d. Name of Beneficiary | Social Security # | Date of Birth | | | | | | |
| | | MM-DD-YYYY | | | | | | |
| MEMBER'S SIGNATURE | | | | | | | | |

Please call SC Retirement Systems Customer Service with any questions: 800/868-9002 (in state) or 803/737-6800

Retirees Returning to Covered Employment

Retirees Returning To Covered Employment

 Retirees returning to covered employment must complete Form 1114 (*Notification of Employed Retiree*). Form 1114 should be submitted within 30 days of the retiree's hire date.

 Retirees returning to covered employment should complete and sign Form 7201 (Retired Member Change of Beneficiary Form) to change their Group Life Insurance

8/25/20 beneficiary.

Form 1114 Notification of Employed Retiree

Form 1114 Revised 07/11/2005 Page 1 Print or type in black ink and sign in blue ink. Please read the instructions on

NOTIFICATION OF EMPLOYED RETIREE

State Budget and Control Board South Carolina Retirement Systems Attention: Enrollment

| page 2 before completing th | is form. Box | 11960, Columbia | a, SC 29211-1960 | | | | |
|-----------------------------------|---------------------------|-----------------------------|--|----------|---------|--------------------|---|
| SECTION I | EM | PLOYEE INFOR | RMATION | | | | |
| 1. Last Name & Suffix (Pub DOE | ASE PRINT) | 2. First/Middle Nar JANE | 3. Social Security Number 000-00-0000 | | | | |
| 4. Address 1 MAIN STREET | | | 5. City COLUMBIA | 6. Sta | | 7. ZIP+4 29229 | |
| 8. Sex 9. Date of Birth | 10. Date Returned To Work | 11. Position Title | | | 12. Pre | sent Monthly Salar | У |
| □ M ☑ F 11-28-1938 | 07-01-2006 | ADMINISTRAT | | 2,000.00 | | | |
| 13. Date of Retirement 07- | -01-1999 | | 14. System Retired Under | X SCR | s [| PORS | |
| SECTION II | EMPLOYEE | CERTIFICATIO | N AND SIGNATURE | | | · | |

I hereby notify you that I am an employee of the state of South Carolina or its political subdivisions, and that I am a retiree of one of the systems covered by the South Carolina Retirement Systems. As a retired member returned to covered employment. I understand that I am required to pay contributions at the same rate as active members. I also understand that I will not accrue any additional service credit. However, the contributions will be credited to my account and upon my death, any remaining contributions that have not been exhausted through benefit payments will be paid to my beneficiary.

I take this action under the provisions of the Retirement Act with full knowledge that I will not be credited with retirement service for this period of employment.

I also certify that the information provided in items 1-14 of Section I of this form are true to the best of my knowledge and belief.

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS AND DOES. NOT CREATE A CONTRACT BETWEEN THE MEMBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. THE SOUTH CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

| Employee Signature: | Date: |
|---------------------|-------|
| . , . | |

SECTION III TO BE COMPLETED BY THE EMPLOYER

The individual must be retired from the South Carolina Retirement Systems (includes SCRS TERI participants) or the Police Officers Retirement System, A retired SCRS or PORS member that returns to covered employment must make the same member contributions as an active employee. The employer must also make the same employer contributions for a retiree that is currently employed as they make for an active employee. The contribution rate should be based on the system in which a member is retired under. For example, a PORS retiree that returns to work under a position that would normally qualify as an SCRS position will contribute at the PORS rate. If a working retiree is receiving annuity benefits from both SCRS and PORS, retiree contributions should be reported based on the system for which an active member in the position would normally contribute.

Please indicate which system the member will be contributing: X SCRS ☐ PORS

I hereby certify that the employee listed in items 1-2 of Section I of this form is a retiree returning to covered employment. Employer Name: ANY EMPLOYER _____ Employer Code: 000.00 Employer Signature:___ Title: BENEFITS ADMINISTRATOR _____ Work Telephone: 803-123-4567

Please call SC Retirement Systems Customer Service with any questions: (800) 868-9002 (in state) or (803) 737-6800.

Form 7201 Retired Member Change of Beneficiary Form

Form 7201 Revised 01/10/2006 Please read the attached 2 pages of instructions before completing this form.

RETIRED MEMBER CHANGE OF BENEFICIARY FORM South Carolina Retirement Systems State Budget and Control Board Box 11960, Columbia, SC 29211-1960

| Section I | | | | | | | | |
|---|--------------------|-----------------------|---------------|-----------------|-------------------------|-------------|---------------------------|-----------------------------|
| Retiree Last Name & Suffix First Name/Midd | | | | | Social Security Number | | | System⊠ scrs |
| DOE JOHN | | | | | 000-00 | -0000 | | PORS |
| Malling Address | | City | | | | State Zip | | Code |
| 1 MAIN STREET | | COLU | MBIA | | | sc | | 9229 |
| Phone Number 803-123-4567 (Include area code) | | Retirement Date 07-03 | | | 01-1998 Date of Birth | | 01- | 02-1937 |
| Section II RETIREM | ENT PAYMENT | PLAN E | LECTION A | ND BEN | EFICIARY DESIG | NATION | | |
| Current Beneficiary ESTATE | | | Relationship | 1 | Current C | option | Currer | nt Monthly Benefit |
| QUALIFYING EVENT DATE | | Death | Certificate n | ec | • | (office use | only) | |
| MARRIAGE | | Marria | age License r | ec. | (office use of | | | |
| DIVORCE OTHER | | Divorc | se Decree re | c | (office use only) | | | |
| Select a payment option if you have a change in marital status and wish to have your monthly benefit changed using the beneficiary information below. See explanation of options on the attached instructions. Please attach copy of new beneficiary's birth certificate. If previously requested, an estimated benefit recalculation is also attached. OPTION A (Maximum-Retiree Only) OPTION B (100% - 100% Joint Retiree-Survivor) OPTION C (100% - 50% Joint Retiree-Survivor) | | | | | | | | |
| If designating more than three beneficiaries, complete an artificial entity. Check here if payments are to be possible. | ald through a trus | t and at | tach a compl | eted For | m 1113, Certifical | | | |
| Name of Beneficiary or Estate | Social Sec | unity #/F | ederal ID#" | Sex M M | Date of Birth | | ionshilp ouse | (Check one) Son |
| JOHN DOE JR. 00 | | -00- | -00-0001 | | 03-03-1987 | | Daughter Other | |
| 2. Name of Beneficiary | | Social Security # | | Sex M F | Date of Birth | 1 = - | ionship ouse ughter | (Check one) Son Other |
| 3. Name of Beneficiary | Social Sec | curity # | | Sex M F | Date of Birth | Spe | ionship ouse ughter | (Check one) Son Other |
| Section III RETIREE GROUP LIFE INSURANCE CHECK IF SAME BENEFICIARY(IES) AS IN SECTION II | | | | | | | | |
| Current Beneficiary ESTATE | | | | | Death Benefit Amount | | See | Instructions |
| Name of Beneficiary or Estate | Social Sec | urity #/F | ederal ID#* | Sex M F | Date of Birth | Spo | lonship ouse ughter | (Check one) Son Other |
| 2. Name of Beneficiary | Social Sec | urity # | | Sex M F | Date of Birth | ☐ Dat | lonship ouse ughter | Other |
| 3. Name of Beneficiary Social | | cial Security # | | Sex M □ F | Date of Birth | Spo | ionship ouse ughter | (Check one) Son Other |
| If an"artificial" beneficiary such as a charity or funeral home is designated, a federal ID number must be furnished in the place of the Social Security number. | | | | | | | | |

| Section IV | s | IGNATURE AND NOTARY STATEMENT | | | | | |
|---|--|---|--|--|--|--|--|
| Please read the Authorization section of the attached instructions before signing this form IN BLUE INK. I hereby certify I have read and understand the information on the attached instructions, including the authorization, and I agree to the terms stated. | | | | | | | |
| | TURE (Certified copy of legal authorization req | | | | | | |
| | (Required only when signed by man | | | | | | |
| | (regard only when agent by the | | | | | | |
| Acknowledged befo | ore me this date | NOTARY NAME | | | | | |
| My commission ex | pires | NOTARY SIGNATURE | | | | | |
| | | ES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMEN MBER AND THE SOUTH CAROLINA RETIREMENT SYSTEMS. TH | | | | | |

Please call SC Retirement Systems Customer Service with any questions: 1-800-868-9002 (In state) or (803) 737-6800

CAROLINA RETIREMENT SYSTEMS RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT.

Questions?